



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor
Matthew J. Frank, Secretary

101 S. Webster St.
Box 7921
Madison, Wisconsin 53707-7921
Telephone 608-266-2621
FAX 608-267-3579
TTY Access via relay - 711

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Subject: Pharmaceutical waste at non-hospital healthcare facilities

Dear Pharmaceutical Collection Event Organizer:

The attached document, "**Pharmaceutical waste at non-hospital healthcare facilities**", clarifies the terminology used by the State of Wisconsin to describe various types of non-hospital healthcare facilities and how they are regulated with respect to using Clean Sweep or other household hazardous waste collection facilities to dispose of pharmaceutical waste. The Wisconsin Department of Natural Resources (DNR) Waste and Materials Management Program and the Wisconsin Department of Health and Family Services, Division of Quality Assurance worked jointly to produce the document.

Organizers of pharmaceutical collection events may use the document to determine the circumstances under which they can accept pharmaceutical waste from non-hospital healthcare facilities. Similarly, non-hospital healthcare facilities may use the document to assist in determining their regulatory status, if they want to bring pharmaceutical waste to household collection events.

Household hazardous waste is regulated as a hazardous waste in Wisconsin when it is separately collected at a household hazardous waste collection facility. The DNR has issued an [enforcement discretion memorandum](#) conditionally exempting household pharmaceutical hazardous waste from these requirements. The memorandum describes different types of non-hospital healthcare facilities and states whether each facility may be considered a business or household for the purpose of disposing pharmaceuticals at household hazardous waste collection events or facilities.

The DNR advises healthcare facilities to contact the organizers of collection events before bringing any pharmaceutical waste to the event to ensure that it can be accepted and to make any other necessary arrangements.

Sincerely,

Joanie Burns, Section Chief
Hazardous Waste Prevention and Management Section
Waste and Materials Management Program

Attach.: Pharmaceutical waste at non-hospital healthcare facilities

Pharmaceutical waste at non-hospital healthcare facilities

Purpose

This document provides a summary of non-hospital healthcare facility definitions, as they pertain to pharmaceutical waste, in order to establish a basis for each type of facility to determine how its pharmaceutical waste should be handled. This document represents a joint effort by the Wisconsin Department of Natural Resources (DNR) Waste and Materials Management Program and the Wisconsin Department of Health and Family Services, Division of Quality Assurance (DQA).

Summary of DNR/DHFS Consensus on Regulation	
Nursing homes	Business/non-household
Community-based residential facility (CBRF)	Business/non-household
Residential care apartment complex (RCAC)	Household Exception: RCACs that purchase, store, distribute or otherwise centrally manage medications on behalf of tenants are considered <u>businesses</u> , regardless of the number of tenants/units.
Adult family home (AFH)	Household
Hospice care	In-patient: business
	In-home: household
	In-other-facility: see above for each represented facility

Background Information

Nursing homes

- Serve 5 or more residents.
- 60% of nursing homes serve 5 to 99 residents.
- An estimated 90% of medications are controlled by the nursing home.
- Prescription drugs present typically are for long term residents. There would be limited use of epinephrine, nicotine patches and chemotherapy agents. Warfarin is likely to be the most common medication in use that is a hazardous waste (HW).
- Noncontrolled substances, including warfarin, can be returned to the pharmacy for reuse. If that is done, nursing homes would not have to dispose of them as hazardous pharmaceutical waste. It is therefore assumed that many nursing homes would generate a small quantity of pharmaceutical HW.

CBRFs

- Serve 5 or more residents.
- Approximately 85% of CBRFs serve 5 to 20 residents.
- Services are above the level of room and board, and may include full medication management, infectious waste, household waste, etc. There is no designation on a CBRF license about the extent of services offered.
- Noncontrolled substances, including warfarin, can be returned to the pharmacy for reuse. If that is done, CBRFs would not have to dispose of them as hazardous pharmaceutical waste. It is therefore assumed that many CBRFs would generate a small quantity of pharmaceutical HW.

RCACs

- Serve 5 or more tenants.
- Approximately 75% of RCACs serve 21 to 100 tenants.
- Wide range of types of services offered, but limited to a combination of no more than 28 hours per week, including nursing services.
- Services may include central storage and administration of medicines.
- Unused medicines are sent home with apartment residents or their families; if the facility chooses to take responsibility for the medications or otherwise centrally manages medications on behalf of residents, the facility becomes the generator and the medication waste is no longer considered household waste.

AFHs

- Serve 4 or fewer residents, and are similar in size to many households.
- Prescription medications may be controlled by the facility.

Hospices

- Hospice care providers often provide services in patient homes.
- Some hospice care providers come into nursing homes and CBRFs to treat patients and manage end-of-life care.
- There are limited numbers of inpatient hospice facilities such as a freestanding structure or separate part of a structure that provides other services. These inpatient facilities are typically small, with 10-20 beds.
- For hospice care provided in patient homes, medication is usually under the control of the patient or family. For hospice care provided in facilities like nursing homes and CBRFs, the medication is under the control of the facility.
- Hospice care provided in an inpatient setting would be under control of the hospice and involve minimal hazardous waste generation. Most inpatient hospice care settings are assumed to generate very small amounts of pharmaceutical HW.

Other Information

Medications in nursing homes and CBRFs, such as Coumadin (Warfarin) and other non-controlled substances, are often returned to the pharmacy for reuse; with the exception of controlled substances, the pharmacy code allows this (Wis. Adm. Code, Ch. Phar 7.04). Controlled substances and any medications in hospices and residential care apartment complexes cannot be returned to a pharmacy for reuse.

All medications that are not used represent a stream of medication waste that is problematic for hazardous waste management requirements, which include the requirement to evaluate and characterize waste. This is particularly true for controlled substances, which are often flushed or placed in the garbage.

The DNR and the DQA are working to inform facilities considered to be businesses that there are specific requirements for managing hazardous waste in order to reduce confusion between hazardous waste and infectious/biohazard waste and to promote compliance with applicable regulatory requirements.

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